



Appendix 8

Safeguarding Concern Form

Private & confidential when complete

Please complete sections A-H of this form as full as you can and as soon as possible after witnessing a safeguarding incident or if one has been reported to you. Where possible, you should always seek consent of the child, young person or adult at risk before sharing the information. If you are not sure whether you have consent, please contact the Safeguarding Team using the details below. If there is concern raised about a club employee, worker, consultant, agency staff or volunteer you should not inform them that a safeguarding allegation has been made until you have sought advice from the Safeguarding Team. If a person has literacy issues or additional needs and is unable to complete this form, you can complete this form on their behalf but must disclose this in Section F. Please complete the form within 24 hours, complete in black ink and return to (insert email address)

Further information and support can be gained from:

Safeguarding Senior Manager

Head of Safeguarding

Safeguarding Officer's

Section A – Your Details	
Full name	
Your role at the club (if applicable)	
Contact number (if external)	
Email address (if external)	
Date and time of safeguarding concern	Time:
Date and time of safeguarding concern form completed	Time:
Section B: Child, Young Person or Adult at Risk details <i>(The child, young person or adult at risk who is potentially at risk of harm)</i>	
Child, young person or adult at risk's name	
Age of child, young person or adult at risk	
Address	
	Postcode:
Telephone number	
Date of Birth	//
Section C: Alleged person to have caused concern	
Name of person alleged to have caused concern	
Address	
	Postcode:
Telephone Number	
Age of person alleged to have caused concern	
Date of Birth	//
Section D - Confidentiality	
Has the child, young person or adult at risk given consent to share this information?	Yes No If no, please state why:



Appendix 8 (continued)

Section E – Your Concerns	
<p>Facts <i>(Please state facts. For example the child said to me "I was too scared to go home today" and/or the child/young person/adult at risk had a bruise on their right hand – please link any injuries to the Body Map attached – see Section G)</i></p>	
<p>Professional Opinions <i>(Please state what is your opinion of the concern. For example, I believe in my position as the Strength & Conditioning Coach / Steward that the child(ren), young person or adult at risk is being groomed online through social media)</i></p>	
<p>Hearsay / witness <i>(Please state what has been said by others or overheard regarding this incident. For example, you overheard the child(ren), young people or adult at risk talking to their friend saying they are scared about going home / school / football because of being bullied etc.)</i></p>	
Section F – Actions	
<p>What actions did you take? <i>(What did you do i.e. who have you told, did you move the child, young person or adult at risk to a safe place etc.?)</i></p>	
<p>Have the parents/ carers of the child or young person informed of the concern? <i>(If you feel that informing the parents or carers about the concern will put the child, young person, adult at risk or yourself at risk, you should not inform the parent or carer but need to document here why you feel it will put them at risk)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please state why:</p>
<p>Has the adult at risk been informed of your concern? <i>(Adults at risk need to be informed of your concerns)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Date and time parents / carers were informed of the concern</p>	<p>Time:</p>
<p>Parents / carers response</p>	



Appendix 8 (continued)

Have parents given consent to share the information	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Parents/carers address							
Parents/carers telephone number							
List the names and contact details of any witnesses to the concern:	<table border="0"> <tr> <td>Name:</td> <td>Contact details:</td> </tr> <tr> <td>Name:</td> <td>Contact details:</td> </tr> <tr> <td>Name:</td> <td>Contact details:</td> </tr> </table>	Name:	Contact details:	Name:	Contact details:	Name:	Contact details:
Name:	Contact details:						
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Name:	Contact details:						
Section G: Acknowledgement							
<i>All the information recorded on the Safeguarding Concern Form is accurate to my knowledge:</i>							
Signed							
If completing on behalf of another person, please ensure they sign above, and you provide your name and contact details							
Section H: Body Map (if applicable)							
<p>Record any physical injuries or marks you notice on the body map. Place a mark where the injury is and then a line out to written text describing the nature of any injury.</p> <p>Care should be given to state:</p> <ul style="list-style-type: none"> • specific location, e.g. right elbow • description of the injury, e.g. colour of bruise, bleeding, scabbing etc. • approximate size of the injury by relating to objects of a standardised size, such as British coins • sign your name and date injury recorded. <p>Example: Open wound above right eyebrow which was bleeding. Approximately the size of a 10p coin. John Doe, 01/01/2015.</p>							

Please return completed form to within 24 hours of the concern being raised.